

011504  
13049 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.: IT20020058 Inventor Name(s): Davide Parachini et al. Title: "REFRIGERATOR WITH INTERNAL COMPARTMENT DIVISIBLE INTO INDEPENDENT TEMPERATURE ZONES"  Express Mail Label No. EV118531735US
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19270 U.S. PTO  
10/757890

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<b>APPLICATION ELEMENTS</b>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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- ☒ Fee Transmittal Form.  
☒ Specification comprising (10) pages, (9) claims.  
☒ Drawings ( Two (2)) sheets  
☒ Declaration and Power of Attorney

#### ACCOMPANYING APPLICATION PARTS

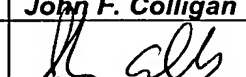
- ☒ Assignment Papers (cover sheet and document(s))  
☐ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☒ Return Receipt Postcard  
☒ Other: Patent Application Data Entry Form and Priority Document

#### IF A CONTINUING APPLICATION

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No:  
Prior application information: Examiner: Group/Art Unit:

#### CORRESPONDENCE ADDRESS

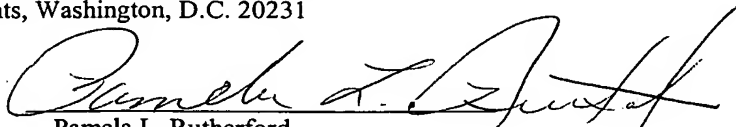
Name	WHIRLPOOL PATENTS COMPANY – MD 0750				
Address	500 Renaissance Drive				
City	St. Joseph	State	Michigan	Zip Code	49085
County	Berrien	Telephone	616-923-3870	Fax	616-923-5778

Name	John F. Colligan	Registration No.	Date
Signature		48,240	January 15, 2004

#### CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231

Date: January 15, 2004

  
Pamela L. Rutherford



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**FEE TRANSMITTAL FORM**Total Amount of Payment **\$770.00****Application No.:**

Filing Date: Concurrently herewith

Inventor(s): Davide Parachini et al.

Title: "REFRIGERATOR WITH INTERNAL  
COMPARTMENT DIVISIBLE INTO  
INDEPENDENT TEMPERATURE ZONES "

Attorney Docket No.: IT20020058

**CLAIMS AS FILED - PART I****OTHER THAN SMALL ENTITY**

	Number Filed		Number Extra	Rate	Fee
Basic Fee	1			\$770.00	770.00
Total Claims	9	-20		x \$18	
Independent Claims	1	-3		x \$86	
TOTAL FEE =					\$770.00

**CLAIMS AS AMENDED - PART II**

<b>AMENDMENT A</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additonal Fee
Total		Minus			\$18	
Independent Claims		Minus			\$86	
TOTAL FEE =						\$

<b>AMENDMENT B</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus			\$18	
Independent Claims		Minus			\$86	
TOTAL FEE =						\$

**SUBMITTED BY:**

Name	John F. Colligan	Registration No.	48,240
Signature		Date:	January 15, 2004

Charge Deposit Account No. 23-1660 in the amount of **\$770.00**.

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account 23-1660.